New – Individual On-site Wastewater Disposal System (IOWDS)

APPLICANT (How de	o we contact you?)										
Name:					Home Te	elephon	e:				
Current Address:					Cellular	Telepho	one:				
City, ST Zip Code:			Work Telephone:								
PROPERTY (To be ev	valuated)										
Property Address:					City, ST	Zip Co	ode:				
LEGAL DESCRIPT	ION (Furnish copy)										
Section:		To	ownship:				Range:	:			
Acreage:											
Subdivision Name:							Lot nui	mber:			
PLOT PLAN "Plat" (I	Furnish copy describing p	proposed dwell	ing and other	features with	associated di	istances fr	om prope	rty line)			
Total Number of Bed				Total Number of Occupants:							
Other Structures:											
WATER SUPPLY (Check one)										
Public:	□ Water Meter				Private:				Well		
DIRECTIONS (Indicated)	ate in box below or provi	de on separate	piece of paper	r)				·			
TYPE/FEE		Ţ	PAYMENT	7	OFF	TC'E	TICE	E ONL	V P	IMS CODE	R.
□ NOI (\$50.00) □ NOI 2-Acre Exem	ntion (\$50.00)	☐ Check		ey Order	□ Cash			oit (if available		93010 93014	
		This prop	erty is only to	receive a wat	er meter. No	o IOWDS	is to be in	nstalled on this			
☐ Water Meter – Agr	(\$0.00)		Should an IO						1	96012	

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PROCESS						
☐ Check box, if Final Approval <u>IS required or desired</u>						
STEP 1 - Soil and Site Evaluation Often referred as a "Perk Test", this Evaluation will be performed by the local Environmenta	alist.					
This document is issued to you after the Soil and Site Evaluation. It is a listing of Individual On-site Wastewater Disposal System option(s) recommended for your property. Present the Permit/Recommendation to your water utility to receive a water meter. If Final Approval is not required or desired, skip to Exemption below.						
STEP 3 - Inspection Contact a Certified Installer to install your chosen Individual On-site Wastewater Dispresponsible for contacting the Department 24 hours before beginning construction to schedu						
STEP 4 - Final Approval After the inspection, you must provide the following to the Department:						
 A signed Affidavit (Installation) from the Certified Installer A signed Affidavit (Maintenance) from you NOTE: For Advanced Treatment Systems only Fee \$75.00 						
Once this information has been received, the Final Approval doc	cument will be issued to you.					
housely ment MCDII stoff name ission to output the described meanury, conduct a sail and						
inspections. I understand that any falsification of documentation or violation of regulation 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61.						
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I hereby grant MSDH staff permission to enter the described property, conduct a soil and sinspections. I understand that any falsification of documentation or violation of regulation 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Signature: EXEMPTION Check box – If Final Approval IS NOT required or desired As the Applicant, I hereby state, by legal description, I own 2 acres or larger of property on the placed. I acknowledge I do not require a Final Approval from any of the following:	Date:					
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New – Individual On-site Wastewater Disposal System (IOWDS) Form 908 E

PURPOSE

To provide a notice to the Mississippi State Department of Health that an Applicant intends to construct or place a mobile, modular, or permanently constructed residence on his/her property, which requires the installation of an IOWDS. This document is not intended to be photocopied and release to the Applicant.

INSTRUCTIONS

The Applicant must provide the legal description, plot plan (plat), written directions to the property, fee and read all pages.

Applicant

- 1. Name Enter name of property owner(s)
- 2. Telephone Enter telephone number of the Applicant
- 3. Current Address Enter complete mailing address of the Applicant
- 4. Cellular Telephone Enter alternate telephone number of the Applicant
- 5. City, ST, Zip Code Enter the City, State and Zip Code for Mailing Address
- 6. Work Telephone Enter work telephone number of the Applicant

Property

- 7. Property Address Enter complete physical address for the property location to be evaluated
- 8. City, ST, Zip Code Enter the City, State and Zip Code for property address to be evaluated

Legal Description

- 9. Section Enter the Section number from the legal description
- 10. Township Enter the Township from the legal description
- 11. Range Enter the Range from the legal description
- 12. Acreage Enter the size of the property in acres.
- 13. Subdivision If applicable, enter the name of Subdivision where property is located, including lot number
- 14. Lot Number If applicable, enter Lot Number

Plot Plan "Plat"

- 15. Total Number of Bedrooms Enter actual number of bedrooms in the proposed dwelling
- 16. Total Number of Occupants Enter number of people who will be living in the dwelling
- 17. Other Describe if any additional structures, i.e. shed, shop, swimming pool, deck, etc. proposed on the property

Water Supply

18. Check "water meter" if available source of water is public or community water system. Check "well" if source of water is an individual (on-site) private well

Directions

19. The Applicant must provide written detail directions to their property from the Department

Type/Fee/PIMS Codes (Office use only)

20. The Health Information Clerk must check box for request type, payment method and enter appropriate code in the PIMS

Process

21. Read steps 1-4 and check box, if Final Approval is required or desired, and sign and date where indicated, if above box is checked

Exemption

22. Read step 5 and check box, if Final Approval is NOT required or desired, and sign and date where indicated, if above box is checked

New – Individual On-site Wastewater Disposal System (IOWDS) Form 908 E

OFFICE MECHANICS AND FILING

The Health Information Clerk (HIC)/Environmentalist will provide the Applicant with the Notice of Intent. The Applicant will complete the Notice of Intent, with attached plat, legal description and fee, if required for all types indicated. The HIC/Environmentalist will check only one (1) box NOI or NOI (2-Acre Exemption) unless the Applicant is requesting a water meter for agricultural purposes only.

If any portion of the Notice of Intent is considered incomplete, it must be returned to the Applicant. Once the Notice of Intent is verified as complete, the HIC will enter data into the PIMS and computer Wastewater Program. A copy of the Notice of Intent is not to be released to the Applicant, only a receipt showing payment was made. The HIC will label the file folder containing the Notice of Intent, receipt, plat, legal description and Soil Profile Worksheet combining these in a single package then issued to the Environmentalist for action. Once the Environmentalist has completed all necessary duties and responsibilities, the file folder must be returned to the HIC. The HIC/Environmentalist must mail the results of the Soil and Site Evaluation to the Applicant unless Applicant has requested to pick up.

RETENTION PERIOD

The Notice of Intent is retained in the County Health Department for 3 years or until audited